

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXV.

THURSDAY, JANUARY 17, 1867.

No. 25.

SPASMODIC ASTHMA.

By A SUFFERER.

[Communicated for the Boston Medical and Surgical Journal.]

SIR JOHN FORBES has said that it is the duty of physicians to place in a more prominent point of view the hygienic treatment of disease; that this system is founded on an inquiry into the remote and exciting causes of disease; that it does not exclude the use of drugs, but regards them, generally speaking, as subservient to hygienic means—such as the regulation of the diet, temperature and purity of the air, clothing, bodily exercise, &c.

The treatment of spasmodic asthma, as laid down in most of the articles on that subject, is principally directed to the remedies thought useful during an attack, and for the improvement of the general health of the patient in the interval; very little is said about the manner of life of the patient and of the exciting causes of attacks in those predisposed to it. A man with the asthma is not only a great sufferer himself, but his labored breathing distresses all those around him, and in a great degree unfits him for bodily or mental effort. By great carefulness and attention, combined with an accurate knowledge of the exciting causes of the spasm, an asthmatic, though he may never be free from a liability to the disease, may live with tolerable comfort to himself and pursue without serious interruption many of the occupations of life. An endeavor to contribute something to this necessary hygienic knowledge, and ward off the trouble so hard to bear and so difficult to relieve, is the object of this article.

The season of the year has a great effect upon this complaint; the predisposing cause is more powerful at some periods than at others, so that the exciting causes require to be more carefully avoided at those times. This disease is irregular in its effects upon different individuals, so that each case requires a careful and long-continued watchfulness on the part of both physician and patient. In this, more than any other disease, things that are usually considered trifles will counteract the best treatment. A man might take all the

VOL. LXXV.—No. 25

best remedies prescribed by the most judicious physician for the asthma, and they will not benefit him if he sleeps on a feather bed in a close room at night.

In the first place, attention to diet is important, particularly as regards quantity and time of taking food. But little food should be taken after dinner. Suppers are always dangerous to an asthmatic, particularly when taken just before retiring. Some articles of food the experience of particular individuals has taught them to avoid. I knew one gentlemen who never could eat a cracker without exciting dyspnœa, though bread had no such effect; these articles such persons should always avoid. Coffee, when taken strong and hot, without sugar and milk, is an efficient remedy during an asthmatic attack, and may be drank with advantage daily. Wine and spirits, taken in the evening, generally have a bad effect, and should it be deemed necessary to take any stimulant, Jamaica rum or whiskey, taken with the dinner, is the best. Brandy is almost always injurious in this disease. Some authors advise a strictly farinaceous diet; whether or no this will prove beneficial, each patient must ascertain for himself, should it be deemed advisable by his physician to try the experiment. There is a gentleman residing in this city who for many years was a sufferer from asthma, to such a degree at times that he has been unable to lie down for three consecutive nights; he gave up the use of animal food, because he suffered from headaches after using it. In time his asthma diminished, and at length left him, so that he has not had more than one or two accidental paroxysms for twenty years. Whether his diet benefited him or the disease died out, which it very rarely does, cannot of course be determined with any certainty; but the case favors the trial of this kind of food by those who would not consider the constant remedy worse than the occasional disease.

The clothing should be warm, including a complete suit of flannel or thick silk, to guard, as far as may be, against the sudden and severe changes which we occasionally have in this climate.

Attention to diet and clothing is not sufficient for an asthmatic; this care only places him in as favorable circumstances as may be to breathe easily, provided he does not encounter any of the many accidents which beset his path; any one of these may at times bring on a spasm of the bronchial tubes, and destroy his comfort for hours if not for the day.

First of all, dust is dangerous, more particularly house dust; that of the streets is more harmless, because not so fine. But the dust from disturbing a feather bed, particularly if it has seen years of service, or from a carpet just swept, is to many a sufferer a sure provocation of trouble. Equally injurious is the dust from hay and straw, or that produced by cleaning horses. Almost every asthmatic has some idiosyncrasy in this respect, so that particular odors or dusts affect him, whilst it may not others; as, for instance, some can-

not stay in a room with comfort where ipecac has been used in a powdered state, though others equally liable to asthmatic attacks may not be at all affected by this drug. Of course, an intelligent patient will carefully avoid, as far as possible, what he has once or twice found to be injurious to him; but unhappily there are many sufferers who seem incapable of distinguishing what it is that is troubling them, and they more particularly need the careful and minute directions of their physician. There are other circumstances, however, which will seriously affect the breathing of an asthmatic, which he cannot control—such as a sudden and severe fall of the temperature. Let a man subject to this disease go out from a warm house in the morning into the air with the mercury near zero, and he will not have gone far before his respiration will be seriously impeded, particularly if the day before was mild. To remedy this he should wrap a woollen comforter over his face and nose, so as to warm the air he inspires. Should the cold weather continue, the same person may on the next day experience no inconvenience from it. The night air in winter often affects a patient, even when he has been well during the day; the woollen comforter relieves this, also, with great certainty, better even than a respirator. If it can be done, let your patient ride or drive as much as possible, instead of walking. Riding or driving in an open vehicle gives positive relief to an asthmatic, even while suffering from the paroxysm. Mrs. Sigourney, in her "*Past Meridian*," gives an account of the Rev. Dr. Chapin, of Rocky Hill, who was a sufferer from youth from the asthma, and mentions incidentally that he frequently rose in the night and rode miles to parry the sense of suffocation. There are gentlemen in this city who can ride or drive for hours in our fall and winter with pleasure and comfort, who would look upon a walk around the Common at times as almost an impossibility.

If it is necessary for a person subject to asthma to go abroad on a cold, dry day, let him ride if he can; if not, let him at any rate protect his lungs as far as possible from the cold air, and he will avoid many a distressing paroxysm.

But, after all, the night is the time most dreaded by the asthmatic; so many times has he gone to bed apparently well, with no apparent catch in his breath, and so many times after dreaming a dozen times over the same wearisome dream, turning from side to side to get relief, has he finally been aroused to the painful conviction that his distressing malady is upon him, that he is apt to think that all precautions are useless and unnecessary. Where, however, a patient is able to arrange his sleeping room properly, he will avoid many attacks, and the severity of those he does experience will be much alleviated. His chamber, which he had better occupy alone, should be of good size, provided with a fire-place, the chimney of which should remain open always; and he should, if possible, have a register, such as is used for admitting the heat from a furnace, let into the flue of the

chimney near the top of the room. Persons in good health would derive an advantage from this last precaution, in the superior purity of the air they would breathe during the night. During the summer, when the windows of the chamber are open, the door need not necessarily be open, though even then it is better that it should be; but in winter an open door is a great safeguard—for the patient it is almost indispensable. The bed should be entirely free from feathers. Mattress, bolster, pillows, all should be of good curled hair. A large, square pillow, raising well the head and shoulders, is much better than a small, long one. The bedstead had better stand out into the room, not be placed against the wall, or in any alcove or recess which will in the least prevent the access of fresh air to its occupant. If you make this chamber moderately warm by furnace heat from the entry, or by an open fire not made of anthracite coal, everything has been done to ensure for the asthmatic a comfortable night. If he has eaten but sparingly since his dinner, and then in the early evening, he will probably sleep well.

Another element of discomfort to the asthmatic that should be mentioned is change of place. He never sleeps so well as in his own room; consequently is a poor traveller, principally because it is difficult to find elsewhere the comforts and conveniences adapted to his own case with which he has surrounded himself at home.

Smoking a cigar during a paroxysm will often give relief, especially if the patient inhales the smoke, after it has passed from the mouth, with moderation. For this purpose the cigarettes composed of tobacco and stramonium give decided relief. Since the discovery of ether as an anæsthetic it has also been employed with marked success for the relief of asthmatic attacks.

TREATMENT OF CHOLERA.

[Communicated for the Boston Medical and Surgical Journal.]

By T. W. SHASTED, M.D., of Pittsfield, Ill.

As no uniform, efficient, and generally accepted plan of treating cholera has been presented to the profession, the following course is suggested for *trial*. The cause of this disease being entirely unknown, the treatment must necessarily be empirical. If the disease shall be found to depend upon cryptogamic spores or animalculæ, the removal of the affection may become, by learning how to destroy the cause, easy, simple, and uniformly successful, or we may learn that the cause cannot be destroyed any more than the bots in the horse. If fungoid spores really be the cause of congestive chill and other malarial complaints, it is well known that the cause may be destroyed or rendered inoperative by *quinine*. Not by one-grain doses, but by giving within a short period and before the accession

of the paroxysm, from twenty to sixty grains. It will be seen that it is not only necessary to give the proper remedy, but also the proper dose at the proper time, or no perceptible benefit follows. In cholera the onset is often more violent and its destructive effects more rapid, hence the necessity of treating more promptly and vigorously. That the indications for treatment of the two diseases are nearly the same cannot be questioned. To produce a powerful specific impression upon the nervous centres, to sustain the calorific functions, to maintain the action of the heart, and perhaps in every case of cholera, and in many cases of congestive chill, to suppress the intestinal serous effusion, are therapeutic indications equally important in the two diseases. If these indications be fulfilled, can the patient die? In violent inflammation of the brain, the patient must be quickly relieved, or he will die. To break the force of the disease, so that the patient will not die of the primary affection, is the goal sought in therapeutics; for this being effected, recovery will usually take place without further treatment. By active treatment strike out a link in the chain of choleraic symptoms, and the patient will recover.

The main indications are:—1st, to stimulate the nervous centres; 2d, to sustain the calorific function; 3d, to maintain the action of the heart; 4th, to suppress the intestinal effusion; 5th, to supply the circulation with a fluid approaching in quantity and capable of taking, to a certain extent, the place of the serum effused from it; 6th, to stimulate the hepatic function; 7th, to control cramps. The first indication is to be accomplished by quinine introduced into the system, by *hypodermic injection*, *early* in the disease, and sufficient in amount to promote, most promptly, cinchonism. Perhaps from twenty to sixty grains will be required, the whole amount injected at once; or ten grains, frequently repeated until the desired effect be produced. In collapse, small doses will be proper (as a large amount would tend to add to the depression), aided by suitable doses of strychnine. 2d. By the *inhalation of pure oxygen*. If it should prove too stimulating, the patient should be allowed to breathe more or less air along with it. It may be used in any stage of the disease, and will be found to have a most powerful effect in maintaining and restoring the animal heat, and in removing the constantly accumulating carbon and other noxious elements. It should be used early, but it is especially useful in the stage of collapse. Brandy, sulphuric ether and ammonia, may be given as the urgency of the case may require; also, the hot mustard bath, hot mustard draughts to the spine, abdomen and extremities, and artificial heat of various kinds. These remedies also meet the third indication. 4th. By the hypodermic injection of laudanum or solution of morphine, early administered and in full doses. Besides its astringent effect, it controls the nervous and gastric symptoms. Full doses of sugar of lead by the mouth, and tannic acid by the rectum, should be given, and frequently

repeated until the diarrhœa is completely suppressed. 5th. By the transfusion of pure water, which will be found superior to any saline mixture and next to healthy blood. 6th. By some preparation of mercury. The importance of securing a free flow of healthy bile cannot be too strongly insisted upon. 7th. By the inhalation of sulphuric ether, friction, pressure, extension, bandage and tourniquet.

It is confidently believed that the patient will not die if cinchonism and the full effect of opium are early and speedily produced, and a free flow of bile secured by the prompt administration of mercurials. It is not to be understood that mild cases will require heroic treatment.

It is believed that the inhalation of oxygen will be found extremely valuable in all cases of asphyxia from whatever cause; also in all malignant diseases, typhus and typhoid fever, and in many cases where a portion of the lung is rendered unfit for performing its function.

REMARKS UPON THE POPULATION OF MASSACHUSETTS.

By GEORGE DERBY, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

AN article on the "Increase of Population in Massachusetts," in your number of January 3d, must, I think, have led many readers to ask themselves whether it is possible that our Anglo-American race is really so likely to be overwhelmed, if not completely extinguished by the superior fecundity of the foreigners who have come among us. If these statements are strictly correct, we are certainly doomed. In point of fact, however, I believe they are in many respects erroneous. As an instance of this, I will mention the statement that more than thirty towns, in which few or no foreigners have settled, report no births in 1864 and 1865. In 1865 every town in the State reported births. In 1864 every town but one reported births. The single exception was a town of less than four hundred inhabitants, and curiously enough it is immediately followed in the Registration Report by another still smaller town, in which six births and no deaths are reported. That the foreigners in Massachusetts have more children born to them than the native Americans is unquestionable. Their birth-rate is known to be very much higher. What their death-rate is we *do not know*, and have no means of knowing. The returns of parentage in connection with deaths have never been compared in the office of the Secretary of State. If it should happen to be the case that the birth-rate and death-rate of children of foreign parentage are in the same ratio of excess over the birth-rate and death-rate of children of natives, we need not feel alarmed, but can only regret that the conditions under which they live are so unfavorable to the rearing of families. From overlooking the frightful mortality

among this class of children, and reckoning the death-rate of both alike, the writer assumes that scarcely one fifth of the Americans in Massachusetts are at the present time under sixteen years of age. This may be so, but it is opinion only, and not based upon any reliable data. The natural increase, or the difference between births and deaths, in the purely agricultural towns of the State having an almost purely native population, is very small, but this may be accounted for by the large emigration. Our young men leave such places and seek their fortunes in large cities, in factory towns, in the great West, in California and the mining regions, on the sea, and in every part of the world. Massachusetts men are rovers, frequently returning to marry in their native towns, but making their homes in regions where a greater field is open for intelligence and industry. How impossible it is to represent this emigration accurately by comparison of the numbers returned by the United States census as natives of Massachusetts settled in other States! All who have gone out of the Union must necessarily escape enumeration. An argument founded partly upon established facts, and partly upon mere conjecture, and the two inextricably mixed, must be regarded as unsound. We cannot help believing that certain preconceived opinions as to the ill health and immorality of American women have influenced the mind and unconsciously disturbed the judgment of the writer of the article in question.

Is it not true that, as recently stated in an article in the Medical Journal, the Jews have never been a prolific people, and yet have retained their existence?

Is it not also true that the higher varieties of the animal kingdom are, as a general rule, not prolific?

Is not the fecundity of communities inversely as their intelligence and the activity of their minds?

From such considerations is there not still hope for the continued existence of the descendants of the Pilgrims?

Boston, January 12, 1867.

POISONS WRONGFULLY ADMINISTERED.

By WM. M. CORNELL, M.D., of Boston.

To the Editors of the Boston Medical and Surgical Journal.

GENTLEMEN,—In the number of your JOURNAL for Nov. 22d, 1866, I read with interest an article on *Haschisch Candy*. Your remarks were very timely, as this kind of "candy" has recently come into very general use; and especially as many young persons and children use it who have no knowledge of its deleterious effects.

Whether the good story which you quoted from Aladdin Abusha be true or false, or, like the manner related formerly of collecting

the resin of the cannabis Indica, by persons clothed in leather running among the plants, and then scraping off the resinous product for medicine, as stated in the United States Dispensatory, which Dr. Wood, in a note to the last edition of that work, says, "if not quite untrue, is at least apocryphal;" one thing is certain, that this and other poisonous narcotics are doing immense harm among the people. Hence you have not lifted the warning voice too soon.

Some years ago, a gentleman came running into my office in great haste, and apparently in great anxiety, and said, "I want you to go and see my wife as soon as possible. She has been taking the haschisch, and I am afraid she has taken enough to kill her." I hastened to his house, and found his wife in the wildest delirium. She was running from one part of the large room to another, clapping her hands, singing, shouting, looking up to the ceiling, and jumping as though she expected every moment to "go up." I said mildly, "please sit down." "How can I," said she, "when I am going? oh! I am going, going up." At length, by telling her "I would go up with her if she would drink with me," she took a glass of brandy. Then she seemed a little less phrenzied, but still was going up every few moments. After a cup of strong coffee, and an hour's quietness, the effect of the haschisch passed off, and left her in a debilitated state. She was a woman of very slight figure, naturally nervous, exceedingly pleasant and agreeable in conversation, of a very excitable temperament; and, on the whole, just the last case in which haschisch should be taken.

While on this subject, I will refer to one or two more cases of the use of the powerful narcotics which are scattered broadcast over the land by promiscuous sale.

Fifteen years ago, I had a patient in this city affected with nervous dyspepsia. She was under my care for two or three years, and gradually improved. One day she brought me a box of pills, and said: "I saw an advertisement that these pills would cure nervous diseases. I wrote to the advertiser, in Brooklyn, N. Y. I think it was by some 'retired clergyman,' or possibly 'old Dr. James, whose sands had nearly run out.' The advertisement said the recipe would be sent on the reception of a stamp. But, instead of the recipe, came a letter stating that he could furnish the pills cheaper than any other one, and would send a box for one dollar." She sent the dollar, and here was the box. But, she did not dare to take them. "Had she better do it?" This was the question. Of course I said, no. She did not take them, and escaped the fate of another of my patients, who did take them.

This was an epileptic, from the western part of the State. He had been under my care for some time; thought he improved somewhat, but did not recover. He sent for and obtained three boxes of these pills. He had taken two, and commenced the third, when delirium came on, and he died.

Each pill was found to contain an enormous dose of Ignatia, or St. Ignatius's bean. The United States Dispensatory says: "So energetic a substance should never be taken without regular medical supervision, as it may prove, if abused, a most terrific poison."

CLINIC OF BERKSHIRE MEDICAL COLLEGE.

Cases reported by M. S. BATES.

[Communicated for the Boston Medical and Surgical Journal.]

Tertiary Syphilis.—Philip F., æt. 40 years; married; contracted hard chancre nearly twenty years ago. Has had a syphilitic eruption five years. The upper portion of the sternum, both clavicles, upper portion of right humerus, and the frontal bone have been carious and necrosed, and over these the soft parts were ulcerated. These portions now covered with hard, dry scabs, with a peculiar copper color and unhealthy appearance of the skin. Prof. Greene remarked that this case was a typical one; that a person having the poison once absorbed into the system is never safe from constitutional effects; and that he is not justified, when confident of having the disease, in marrying, and thus running the risk of transmitting the disease to his posterity. *Treatment.*—The indications are, to remove or modify, if possible, the constitutional disturbance and to relieve the local difficulty. *R.* Potass. iodid., 3 ij.; ferri ammonio-citrat., 3 i.; aq. puræ, f 3 iv. *M. S.* Teaspoonful three times a day. Apply tincture of iodine externally.

Came into clinical room five weeks afterwards, complaining of severe pain in the left deltoid muscle. *Treatment.*—*R.* Potass. iodid., syr. zinzib., aa 3 ij.; aq. puræ, f 3 ij. *M. S.* Teaspoonful three times per day. Still continue the application of iodine.

Chronic Conjunctivitis.—Ellen R., æt. 5. First had inflammation of the Schneiderian membrane, which resulted in ozæna; this inflammation extended to the eyes through the nasal duct. There is an offensive discharge from the nostrils. Patient is a delicate, strumous child. Bowels habitually costive, and appetite poor. *Treatment.*—Improve nutrition and general strength. *R.* Hydrarg. cum creta, ʒ i.; sodæ bicarb., 3 i. *M.* Divide in chart. No. v. Take one every night at bedtime. *R.* Acid tannic, 3 i.; glycerin., f 3 i. *M.* Apply locally, night and morning.

Came to clinic one week afterwards, with secretions from the nose almost stopped, and discharge from the eye lessened. *Treatment.*—Change from alteratives to tonics. *R.* Ferri ammonio-citrat., 3 i.; aq. puræ, f 3 i. *M.* Take a teaspoonful three times a day. Continue the application of glycerio-tannin.

Came again one week later, with discharge from nose somewhat increased. *Treatment.*—Return to alteratives. *R.* Hyd. cum creta,

℞ i.; sodæ bicarbonat., ʒ i. M. Ft. in chart. No. viij. Take one every alternate night. Continue taking the ferri ammonio-citras.

Ulceration of the Os Uteri.—Mrs. O., æt. 40 years. Has children; the youngest fifteen months old. Last labor not severe, though the hæmorrhage was considerable. Has constant, dull pain in right side of abdomen, extending down to the pubes. A sensation of "dragging" since birth of last child. Has a continual discharge from the vagina, sometimes yellow, sometimes white. Digital examination showed the uterus to be enlarged; cervix and os ulcerated. The canal is so large that the finger passes readily into the cervix. *Indications.*—Relieve the congested vessels of the cervix by depletion and rest, and apply iodine to the ulcerated surface. Patient is advised to put herself under the care of a physician near her place of residence.

Inflammation of Choroid Coat and Iris of both Eyes.—R. S., æt. 60. Difficulty of vision came on gradually, with no pain, about one year ago. Can now see but little. Lymph has been thrown out, sufficient to agglutinate together the iris and crystalline lens. The vessels of the choroid coat are much congested, and the aqueous unnaturally tense and firm. Prof. Greene remarked that this form of irido-choroiditis in old people is often associated with fatty degeneration and calcareous deposit in the internal structures of the eye. There is a well-marked "arcus senilis" of both eyes. It occurs in fast livers at an early age; but usually in old age, and, as in this case, in connection with calcareous deposit in the arteries. *Treatment.*—Hancock's operation performed by Prof. Greene, with a view of relieving the tension, diminishing the engorgement of the vessels, and thus possibly improving the vision. Apply atropine to prevent further adhesion. Counter-irritation behind the ears. The patient was also put on an alterative and tonic course of treatment. *R.* Potass. iodid., ʒ ij.; syr. zynzib., f ʒ i.; aq. destillatæ, f ʒ iij. M. Take a teaspoonful after each meal. *R.* Quiniæ sulph., ʒ ij.; tr. ferri chlor., f ʒ ss.; syr. limon., f ʒ iij. M. Take a teaspoonful in water, one hour before each meal. *R.* Atropiæ, gr. ij.; aq. destillatæ, f ʒ i. M. Apply locally, three times a day. In one week the patient was considerably improved.

Chronic Conjunctivitis of Left Eye.—M. S., æt. 30. The eye has been inflamed about two years, sometimes being nearly well, but growing worse again. The upper lid granular, and the lower thickened by infiltration. *Treatment.*—Granulations shaved off, and the lower lid scarified. Apply glycero-tannin every night and morning. Also, give compound cathartic pills at night. Follow with potassio-tartrate of iron.

Ganglionic Tumor developed in the Sheath of the Tendon of the Flexor Carpi Ulnaris Muscle.—Theodore P., æt. 16 years. Prof. Greene remarked that these tumors impair the usefulness of the organ by pressure; as in this case, the pressure being upon the

ulnar nerve, caused partial paralysis of the fingers. Their proper treatment is either by pressure sufficient to rupture the cyst, thus forcing the fluid into the areolar tissue, or by subcutaneous puncture, allowing the fluid to escape into the cellular tissue. Tumor punctured, but the contents being thick and albuminous, it was found necessary to excise it, which was speedily done. The contents presented a peculiar appearance, being composed of angular particles, appearing like rice. The particles, sliding upon each other, gave to the touch a sense of fluctuation.

Necrosis of the Tibia of the Right Limb.—J. M., æt. 9 years. All of the tibia, except the epiphyses, was removed by Prof. Greene at the College Clinic, during the session of 1865, and at that time the fibula was softened, so as to bend easily. The patient's general health is much better at present than before the operation. Formation of new bone began in place of the excised tibia, and the healing process has gone on nicely. Now the fibula has become hardened, and a new tibia has been formed. The limb will be more or less crooked, from the fact that after the operation, and while the fibula was pliable, it was not practicable to have the child under the surgeon's immediate care, but after a while the pelvis will accommodate itself to the shortening, and the difficulty of walking will be lessened. She now can walk very well. Prof. Greene told her to use the limb as much as she wished to. Dressings now discontinued. Came to clinic one week afterwards, still more improved; can now walk with but little difficulty.

Ostitis.—Edward W., æt. 37 years. Became lame about fourteen weeks ago, and came to clinic. Has had, in the mean time, inflammation of the articular cartilages of the right knee-joint and periosteum, though at the time of the examination it did not hurt him much to stand upon the limb. Iodine was applied externally, and the patient told to keep quiet. He now has a heavy pain along the upper portion of the tibia, which is worse at night; no soreness; the limb is somewhat enlarged at the upper portion; he is otherwise in good health. The inflammation is confined to the upper portion of the tibia. *Treatment.*—Continue to apply iodine externally, and take iodide of potassium internally. Prof. Greene remarked that he thought the general symptoms were more favorable.

Came to the clinic five weeks afterwards, with the limb much more painful than before. Pressure of articular surfaces together gave great pain. Prof. Greene remarked upon the influence of arthritis upon the muscles surrounding a joint, and the value of pressure upon different tendons as a means of determining the precise seat of disease. *Indications.*—Extension and counter-extension, but the patient's circumstances rendered this impracticable. Told to keep the leg constantly packed in cold water and perfectly at rest.

Came again one week afterwards, with terrible pain in region of posterior tibial nerve, shooting down the median line. *Treatment*—

Small incision made down to anterior surface of tibia, and a trephine used to relieve the congested state of the vessels and to ascertain the condition of the bone. It was thought possible by Prof. G. that a cavity might exist there, but the exploration revealed none.

Came again one week afterwards, with knee less swollen; has felt very little pain in it during the past week. *Treatment*.—Resume the application of iodine to the limb. *R.* Potass. iodid., 3 ij.; tinct. gentian comp., f 3 iij. *M.* A teaspoonful to be taken three times a day.

Varicose Ulcer of the Leg.—Catherine T., æt. 33. Came to clinic about two years ago; has given birth to a child since her last visit. Ulcer very tender and irritable. *Indications*.—Rest; to bathe the limb in cold water, and apply pressure. Limb bandaged tightly from toes to knee.

Came again to clinic two weeks afterwards. Says the ulcer has pained her much on account of bandage, but the ulcer has partially healed. *Treatment*.—Glycero-tannin, with simple compress. Ulcer healed in three weeks. *R.* Acidi tannici, 3 ij.; glycerin, f 3 i. *M.* Apply when dressing.

Synechia Posterior.—Lorin T., æt. 54. Received an injury to the eye while driving a nail, about three months ago; the nail flew with considerable force against the right eye. The eye was considerably inflamed at the time, and was painful for some time after the injury. Was treated at the time by ice applied over the organ. Prof. Greene remarked that this man had had inflammation of the whole eye, the iris and choroid coat particularly; as indicated by the deep-seated pain, resulting in adhesion of the iris to the crystalline lens. The iris is now immovable. There is now a low grade of chronic inflammation going on. *Treatment*.—Hancock's operation advised as a palliative measure.

Graves's Disease.—Ellen H., æt. 32. Began to be in poor health about one year ago; had good health previous to that time; has been married eleven years, and had four children. Now has a sensation of fulness in the chest. When taking active exercise, gets out of breath; has a dry cough, which commenced about one week ago; pulse irregular at times; does not expectorate; pain in region of stomach and heart. Examination of heart by stethoscope reveals no abnormal sounds, but action more rapid than natural. Examination of lungs reveals nothing abnormal. There is blueness of the face; eyes more prominent than usual; fulness of the neck; some tenderness from the shoulder upwards along the neck; also habitual constipation. *Diagnosis*.—Enlargement of the thyroid body and prominence of the eyeballs, associated with functional disorder of the heart. Prof. Palmer remarked that generally, in this disease, the blowing sound of the heart was present; in this case there is none: frequently, too, there is hypertrophy of the heart; there is none in this case. *Treatment*.—The general indication is to improve the general system.

R. Aloes pulv. ʒ i.; ext. nucis vomicæ, gr. x. **M.** Ft. in pil. No. xxx. One to be taken every night on going to bed. **R.** Bismuth. subnit., ʒ iij. Divide in chart. No. xxx. One to be taken before each meal.

Pleuritis, with Tuberculosis.—Philip C., æt. 22. Has been working in a woollen mill for the past twelve years; is of temperate habits. Has pain through the back, in the stomach and side; bowels regular; does not cough; tongue coated, being yellow in the centre, and red upon the margin, showing a weak state of the system. Examination of chest reveals dulness upon the right side, over the apex of the lung; more dulness upon the lower portion of the left side than upon the right; bronchial respiration in upper part of right lung. Prof. Palmer remarked that there was probably a tuberculous tendency, as evinced by the dulness on percussion over the apex of the right lung, with the bronchial respiration; it is also evident that there is some effusion into the pleural cavity, as evinced by dulness over the lower portion of the chest, and the absence of pneumonic symptoms. **R.** Potass. iodid., ʒ iv.; syr. zinzib., f ʒ iij.; aquæ puræ, f ʒ iij. **M.** A teaspoonful to be taken four times a day.

Nasal Catarrh.—Michael B., æt. 10. Has an offensive discharge from the Schneiderian membrane; has had this affection for the past two years; sometimes has hæmorrhage from the nose; has good appetite, and seems to be otherwise in good health. **R.** Boracis pulv., ʒ i. Apply locally. Give iodide of potassium and iron.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JANUARY 17, 1867.

THE ENGLISH BENCH ON THE ADVERTISING QUACKS.

A CASE has recently been tried in London, which presents many points of interest and importance to our profession. It has served to expose the enormous system of advertising practised there, as well as here, by those whose object is to extort money by exciting alarm and offering false hopes of cure: it has shown that where a public journal speaks out in fit terms of denunciation of such a practice, it shall not suffer for its daring and honest criticism, and it has brought prominently forward the views of some eminent physicians and chemists upon the causes and treatment of consumption, which cannot fail to be of great service to the people. A Dr. Robert Hunter, claiming to have received a degree of M.D. at New York, published a book in London, which was represented as having created a profound sensation in this country, and claiming that the only method of curing consumption was by his system of inhalation. He also filled the columns of such news-

VOL. LXXV.—No. 25A

papers as the *Times*, *Morning Post*, and *Star* with advertisements containing extracts from his book, letters received from grateful patients, and the favorable notices of the American press. The *Pall-Mall Gazette* published an article on Dr. Hunter, for which he brought an action of libel against its printer, and which, as will be seen by the following extracts, was of a nature to damage his business and reputation. All that it contains is as applicable to our longitude as well, and it is a pity that its sharp lash should not have been laid as severely on the backs of the equally guilty partners in such nefarious business, its brethren of the public press, who lend their aid and share the profits.

"There is no need of the revelations of a police court to show that the inhaling process means a process for working upon the fears of the ignorant, and for obtaining enormous fees. Men like these advertisers know well that there is one class of society which is specially open to their allurements, and at the same time supplies abundant dupes in such circumstances as to make them quite worth the expense of entrapping. Ladies and gentlemen, and the more wealthy and comfortable class of tradesmen, have, as a rule, their regular family doctors. They dislike doctors' bills as much as any other bills, and it is sometimes hard enough to pay them. But still, until we go further down in the social scale, every man has his own doctor. Then comes an immensely numerous class, whose real education is not much above that of the actual poor, and whose experience of life is confined to a narrow range. These are the men and women who are the destined victims of the advertising doctors. They read about mucous membranes, carbonaceous blood, and tubercular deposits, and are impressed with the genius of the gentleman who can thus easily make them familiar with the profoundest secrets of science. If they have anything really the matter with them, their disagreeable sensations are at once intensified; if they have nothing more than a cold in the head or a tightness in the chest, produced by over-indulgence at supper, Dr. Hunter's catalogue of terrific symptoms suggests a mysterious significance to their pains. And when at last the advertisement recommends them 'to put their worldly affairs in order, and withdraw their minds from all earthly ties,' for they have only 'a few short months of life' before them—i. e., unless they consult Dr. Hunter, what else remains but to go the next morning to see the pious, learned and benevolent physician, residing in that highly respectable part of London, Upper Seymour Street, Portman Square? For he is a real physician, they see, being entitled to call himself M.D., not knowing in their simplicity how degrees are, or were, sold, or rather given away, in Scotland, and how agents still advertise in London that they can get anybody any sort of degree in Germany. Once in the toils of the physician's 'consulting room' the rest is clear. . . . Howsoever considered, the Merrick-Hunter story is a fresh illustration of the utterly unsatisfactory state of the law in the matter of these abominable advertisements. The sufferance of these lures for the unwary is a thing that ought not to be longer endured. It is obviously most dangerous for persons who know nothing of medicine or physiology to habituate themselves to the study of medical books, even of the purely professional kind. As it is, a knowledge of the human frame, of the laws of health, and the symptoms of common disease is

no part of a gentleman's or lady's education. The ignorance of well-educated men and women in matters which it is of the utmost practical moment that they should understand is often amazing. Consequently, they frighten themselves out of their senses when chance puts in their way such publications, for instance, as Dr. Forbes Winslow's book on mental disease. Symptoms which prove nothing but the existence of over-fatigue of the nervous system, and which call only for less work, more air, and quiet amusement, and, perhaps, an extra glass or two of good wine, are mistaken for symptoms of actual brain-disease, and thus tend to produce the effect which has been mistaken for their cause. If such is the case with cultivated minds and recognized medical treatises, what must be the effect of these advertised abominations on the ignorant, the silly, and the vulgar?"

The defence was based on the justification of the article on the ground that it was true in substance and fact, and presented in corroboration the evidence of several of the most distinguished physicians of London, who spent nearly two days on the stand in showing the falsity and ignorance of the doctrines published by Dr. Hunter, chiefly in relation to the theory that the basis of tubercle is carbon, and that its cure consists of its dispersion by the inhalation of oxygen.

The Lord Chief Justice in his address to the jury was more emphatic than the writer of the article in question in his denunciation of the whole system of advertisements, and we regret that our pages are not large enough to receive it entire. We can only lay before our readers an occasional extract from the full report in the *Lancet*.

"Gentlemen,—This is an important case, no doubt. It is important to the plaintiff; for on your verdict must mainly depend his professional position, and, what is more, his personal character as a member of society. For if a man is an impostor and a scoundrel his personal as well as his professional character must be irretrievably ruined. It is also of great importance to the defendant that if he has done what he might honestly do, and no more, the character of the plaintiff should not be rehabilitated at his expense. The case, again, is more or less important with reference to the system of advertisement pursued by the plaintiff, and the conduct of a public writer and his responsibility in writing upon public matters. And it is important, likewise, incidentally in this view, that you may have to consider how far the character of an honorable profession may be damaged by recourse to such a system of advertising as you may perhaps see reason to consider improper and unprofessional. There can be no doubt that the article—unless it can be justified or excused—is libellous. . . . First, as to the question whether the defendant has established his plea of justification; in other words, whether the charges made in this article were substantially true. Here we must consider, in the first place, what is the real nature of the charge. The substance of the charge against the plaintiff seems to be this:—That he, dealing with one of the most fatal diseases known to mankind, with the intention of obtaining profit and emolument for himself, began by exciting unduly and wantonly the fears of those to whom his publications were addressed, and that then he held out to them delusive hopes of recovery from the adoption of a particular remedy, with the view of in-

ducing them to have recourse to it under his auspices, and thus put money into his own pocket. If this charge be true, one can scarcely conceive anything worse. If it be true that the plaintiff has wilfully put forward these false pretences in order to delude patients and thus to make them, if not in person at all events in purse, his victims, then, strong as the language of this article undoubtedly is, it is not one whit too strong, for the man who could so act is an 'impostor,' and an impostor of the worst and very vilest character, and to designate him as a scoundrel and impostor, strong as the language undoubtedly is, cannot be considered as at all an extreme way of describing such conduct.

"With regard to what he considers the causes of consumption, he says that, although it has been the fashion to teach that consumption is the consequence of hereditary taint, such is an utter fallacy, and the true and only cause of it is imperfect respiration arising from the accumulation of carbonaceous matter in the blood, and thence in the lungs. In a word, that tubercle is carbon, and carbon substantially the cause of tubercle. Thus he arrives at the conclusion that there must be an artificial inhalation of oxygen to disperse the carbon. The medical profession, he represents, know nothing of all this, and treat phthisis by remedies administered through the stomach; and that this is an entire delusion, that the remedies so given have really no effect, but that if oxygen is inhaled into the lungs by means of an inhaling process the carbonaceous matter is got rid of and dispersed. Now, if all this were true, there could hardly be a greater discovery. But we are told upon high scientific authority that all this is purely delusive; that it is not true that imperfect respiration is the cause of consumption, and that this, which is the foundation of his whole system, entirely fails; that he is deluding people when he says that imperfect respiration alone is the cause of consumption, and that there must be an hereditary taint, or some constitutional cause of that scrofulous habit in the body in which consumption has its source. They say, moreover, that he is deluding himself, or the public, when he says that tubercle is carbon; and that even if it were so the manner in which he proposes to get rid of it is equally delusive, so that his whole system is an entire delusion. But it does not stop here. They say that even assuming that the plaintiff was right in his idea that the disease is carbon and the cure oxygen, when he comes to the practical application of his system it is as fallacious as its theory; that when he speaks of inhaling oxygen—as the act of artificial inhalation is one which can only be carried on for a limited period, it can have but a very limited effect; that, if you consider the quantity of air, and therefore of oxygen, inhaled at every breath we draw, the quantity is so large that even assuming the respiratory organs in some degree to be obstructed, there would still be a very large excess beyond what is absolutely necessary; and that in comparison with this the quantity which could be artificially introduced by any process of inhalation would be so infinitesimally small that it could have no sensible or practical effect. And, according to the evidence of Dr. Odling (who dealt with the chemistry of the case), the amount of oxygen which would be taken in by inhalation would not be one per cent. of what a person would draw in by natural breathing. Therefore, they say that it is a delusion to suppose that the process would be of any practical

use; and, further, it is said that, even assuming that if the plaintiff could get the oxygen into the lungs in this way it would be of any use, he cannot get it there; that he acknowledges that he does not give the oxygen pure as a gas, but in combination with other matters, and that this combination must be broken before the gas can be evolved so as to pass into the system; that oxygen acts only as a gas, and that, until it is separated from other substances with which it is combined, it cannot enter into the lungs, so as to effect its object. He proposes to use chloric acid. Either it is used alone or in combination with other substances. If alone, then it must be heated so as to give forth oxygen, and then it will be combined with chlorine, which is a powerful irritant to the lungs; or, if the acid is diluted, then the quantity of oxygen evolved will be so minute as to be useless. And if the acid is used (as the plaintiff says it is) with other substances, especially in the form of tinctures, which contain alcohol (for which oxygen has an affinity), then the oxygen will be absorbed. So that even if the plaintiff's theory were as sound as it is said to be fallacious, his practical application of it would be entirely delusive. Such is the evidence given by some of the most eminent medical men of the day, and by one of the most acute and intelligent professors of chemistry it has ever been my good fortune to listen to.

"The whole tenor of the book is to show that it is useless to go to our ordinary medical practitioners, no matter what confidence we may have in them; although they have treated us for years, and have the highest reputation in the profession, they can do us no good; they will buoy us up with false hopes, which only lure us to our destruction; they will tell us, 'Wait till the spring; have a change of climate.' The spring will never come, and the only country we shall see is that beyond the grave. The only remedy is inhalation, and that cannot be obtained from them. They are ignorant and bigoted and incapable, they do not understand or appreciate it; they are useless, therefore, and worse than useless to us; one person alone can save us; and that man is—Dr. Hunter! (Laughter.) It is impossible to read this book, with all its reflections upon the medical profession, without seeing that the only conclusion is that we must abandon all other medical advisers and put our faith in him. And if you are of opinion that he urges his readers to that conclusion upon grounds which he must, as a medical man, have known to be fallacious, then the article would be justified. It was pressed by the counsel for the plaintiff that new discoveries or novel views in any science are always received with discouragement. That is true; but, on the other hand, we know, by the experience of all ages, back to the very origin of history, that there have always been men who have practised upon the fears and credulity of mankind, and especially pretenders and impostors with regard to medicine—men who have trafficked in the misery and sufferings of their fellow-creatures, and aggravated the sufferings they pretended to mitigate or heal, for the mere purpose of their own sordid interests, and without regard to the miseries of the disease they aggravated while pretending to cure. And to denounce and expose such pretensions and impostors is perhaps one of the most meritorious actions that can be performed by a public writer when actuated by an honest zeal in the exercise of an honorable vocation. Therefore, we must look at both sides of the question. It may be that the

plaintiff, while he makes dupes of others, is himself a dupe, and he may have persuaded himself, as many have done, with their notions and fancies, that his views were founded on truth, though really they may be based on error. But, on the other hand, it may be—especially if he has, indeed, that medical knowledge which his counsel represents him as possessing—it may be that he knows that the best way of preying upon mankind, and of bringing patients to consult him, is to work upon the fears of the nervous and timid; that he may know that his pretended theories and pretended remedies are alike delusions, and as calculated only to end in disappointment and death, as he represents ordinary remedies to be. It is for you to judge between these two views of the case; and though it does not follow merely because his system is delusive that therefore he is an impostor, yet if you believe he puts it forth dishonestly, then indeed you may find it proved that he is an 'impostor' and a 'scoundrel,' as he is represented to have been. . . . Now a word as to the advertisements. Not satisfied with the unprecedented success of his book, Dr. Hunter must needs republish it by advertisements filling whole columns of *The Times*, and numerous other newspapers in town and country. It is said in excuse that he comes from America, and that there it is usual; but however that may be, happily the practice has not extended itself here; and the writer of the article was writing with reference to English usages. If it were open to professional men here thus to advertise themselves, the dignity and honor of a noble profession would be tarnished and soiled. A member of my own profession who should republish a treatise in the papers, followed with a card of his address, would be scouted from the profession: and what difference is there in this respect between the professions of medicine and of law? They are sister professions, equally amenable to the same rules of professional honor, and therefore I must say that, whatever may be the practice in America (and I cannot believe that such practices are resorted to there by members of the medical profession or any other liberal profession), I hope it will never be deemed consistent with professional honor in this country to resort to such practices; and I cannot but think that the writer of this article was right in denouncing the practice as unworthy of an honorable profession.

. . . . But suppose you cannot go that length, that will not conclude the case. It will bring the defendant to his second ground of defence, which, in that event, you must consider. Under head of defence, he says that it was a matter of public interest and public concern; that the plaintiff invited people by his advertisements to submit to his system of treatment; and that if he, the defendant, really believed it to be a delusion, then he had a right to maintain that it was so; and that even if, in drawing inferences of imposture and bad intention, he fell into error, yet he wrote honestly, and with the intention of exercising his vocation as a public writer fairly and with reasonable moderation and judgment, he is entitled to the verdict. And I entirely agree in that view. Here is a man challenging public criticism by bringing forward what professes to be a new system of treatment, and inviting the public to adopt it as the only means of curing the most destructive disease known among us. In doing this he challenges public criticism, and if a public writer, using a reasonable degree of temper and moderation, as behoves any one who makes

imputations upon others—if a public writer, thus discussing the subjects in the exercise of his vocation, falls into error as to the facts or inferences, and goes beyond the limits of strict truth, he is nevertheless privileged. The occasion is a privileged one, and if the privilege is exercised honestly, faithfully, and with reasonable regard to what truth and justice require, then, though he may exceed the limits of what he can legally prove to be the truth, he is protected from liability. It is not therefore necessary that the justification should appear to you to be made out, if you think that the defendant, or the writer, was in the reasonable and honest exercise of his vocation as a public writer, even although he was not fully warranted in drawing the inferences he did as to the conduct of the plaintiff, and though it may be that he was not entirely justified by the absolute truth. As you may be of opinion, therefore, on one or other of these questions, your verdict will depend. Assuming that it is for the plaintiff, then will arise the question of damages. The article certainly was one calculated to inflict great pain and cause much injury. It is written with extreme bitterness and severity, and its language is of the strongest description. But you must not forget the circumstances under which it was written. It has been suggested that it was written by some medical man. I think it is extremely likely, and I hope that it was so, for in that fact I should find great ground for indulgence, even if you should think the article neither justified nor excused; because it is plain to any man who reads it that it was written in a spirit of honest indignation, such as a member of the medical profession well might feel, seeing the way in which a member of it was soiling and degrading its honor and character by this system of advertisement. And if the writer of the article was satisfied in his own mind—as you cannot doubt he was—that the plaintiff's system was delusive and that he himself was a pretender and a quack, then we cannot wonder that in his honest indignation he should have put gall into the ink when he wrote to expose the conduct which he denounced. It was not the case of a man sitting down to gratify personal spite or professional malice, but a man writing honestly to denounce what he honestly believed to be a system of quackery and imposture, and to vindicate the honor and character of the profession of which he was a member, and to do his duty to the public, in whose interest he was writing.

"The jury, at the close of the summing up, retired to consider their verdict, and were absent an hour or two. On their return they gave a verdict for the plaintiff—Damages, One Farthing."

Nominations for Brevet Rank in the U. S. A. Medical Department.—Among the nominations by His Excellency the President of the United States for appointments in the Army, subject to the approval of the United States Senate, are the following :—

To be *Captains* by brevet for faithful and meritorious services during the war, to date from March 13, 1865, Assistant Surgeons Peter V. Schenck, Henry R. Silliman, Samuel A. Storrow, William D. Wolverton, Albert Hartsuff, Bolivar Knickerbocker, and Henry R. Tilton. Also Assistant Surgeon George A. Otis, for faithful and meritorious

services in the Medical Department, to date from September 29, 1866, and Assistant Surgeon William C. Miner, for meritorious and distinguished services at Fort Columbus, New York Harbor, where cholera prevailed, to date from September 28, 1866.

To be *Majors* by brevet for faithful and meritorious services during the war, to date from March 13, 1865, Brevet Captains and Assistant Surgeons Peter V. Schenck, Henry R. Silliman, Samuel A. Storrow, William D. Wolverton, Albert Hartsuff, Bolivar Knickerbocker, and Henry R. Tilton. Also Brevet Captain George A. Otis, for faithful and meritorious services in the Medical Department, to date from September 29, 1866.

To be *Lieutenant-Colonels* by brevet for faithful and meritorious services during the war, to date from March 13, 1865, Surgeon Charles McCormick, Thomas M. Getty, George Taylor, and Joseph C. Baily; also Brevet-Major and Surgeon Warren Webster, for meritorious and distinguished services at Hart's Island and David's Island, New York Harbor, where cholera prevailed, to date from September 28, 1866; also Brevet-Major and Assistant Surgeons G. M. McGill and J. R. Gibson, for meritorious and distinguished services at Hart's Island, to date from September 28, 1866; also Brevet-Major and Assistant Surgeon Henry S. Schell, for meritorious and distinguished services at Tybee Island and Savannah, Georgia, where cholera prevailed, to date from September 28, 1866; Brevet-Major and Assistant Surgeon Charles K. Winne, for meritorious and distinguished services at Tybee Island, Georgia, where cholera prevailed, to date from September 28, 1866.—*Medical Record*.

The remaining nominations will be given in our next number.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 12th, 1867.

DEATHS.

	Males.	Females.	Total
Deaths during the week	42	29	81
Ave. mortality of corresponding weeks for ten years, 1856—1866	41.8	33.8	80.6
Average corrected to increased population	00	00	88.8
Death of persons above 90	0	0	0

ERRATUM.—In the JOURNAL of last week, page 491, the total number of patients in the Marine Hospital at Chelsea should have been 41,600, instead of 11,600.

MARRIED.—In Woodstock, Vt., Oct. 3d, O. W. Sherwin, M.D., to Miss Mary J. Forbush, both of Reading, Vt.

DIED.—At his residence at Sing Sing, on the Hudson, on the 29th day of November, Dr. Horace Green, in the 64th year of his age.

DEATHS IN BOSTON for the week ending Saturday noon, Jan. 12th, 81. Males, 42—Females, 39. Congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cancer, 4—consumption, 17—convulsions, 1—croup, 2—dropsy, 2—dropsy of the brain, 3—epilepsy, 1—erysipelas, 2—typhoid fever, 2—gastritis, 1—disease of the heart, 1—hydro-rachitis, 1—infantile disease, 5—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 4—inflammation of the lungs, 7—marasmus, 1—old age, 5—pleurisy, 1—premature birth, 1—puerperal disease, 2—smallpox, 1—tumor, 1—ulcers, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 26—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 10—above 60 years, 20. Born in the United States, 53—Ireland, 21—other places, 7.